## P190000 86929

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					

Office Use Only



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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	JAEL	A CORP.	
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFF <u>IX</u> )
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	LUIS F Nam	BRITO e (Printed or typed)	
	407 LINCOLN R	ROAD SUITE 9A Address	
	міамі веасн	FLORIDA 33139	
	City	, State & Zip	
	305-51	34-9292	
<del></del>	Daytime 1	Telephone number	
		BRITO@AOL.COM	
<del></del>	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the cort	ME JAEL JAEL	A CORP.			
<u>ARTICLE II PR</u>	<del> </del>	Mailing address,	Mailing address, if different is:		
815 ORTEGA AVENUE		815 ORTEGA AVENUE			
CORAL GABLES FLORIDA 33134		CORAL GABLES FLOR	CORAL GABLES FLORIDA 33134		
	RPOSE ANY A ch the corporation is organized is:  F FLORIDA AND THE UNITED STATES		UNDER THE LAWS		
ARTICLE IV SIATOR ARTICLE V IN	es of stock is:		MALE OF SIMPLES OF SIM		
Name and	<del></del> -	Name and Title:	/n ===		
Address	815 ORTEGA AVENUE	Address:			
Name and ´ Address	CORAL GABLES FL 33134  Fitte:	Address:			
Name and Address	l'itle:	Address:			

Name a	nd Title:	Name and Title:	
Addres	:s	Address:	
	REGISTERED AGENT		
The <u>name and l</u> Name:	Florida street address (P.O. Box NOT acceptable) BRITO AND BRITO ACCOUNTING USA	of the registered agent is:	
Address:	407 LINCOLN ROAD SUITE 9A	_	<u>ئە</u> ھىس
	MIAMI BEACH, FLORIDA 33139	_	AON 61
ARTICLE VII	INCORPORATOR		+ 6 CE NATE
The name and	address of the Incorporator is:		<b>공</b> 기위인
Name:	ALBERTO ELIAS	_	FSTATE BRACHONS
Address:	815 ORTEGA AVENUE		<i>5</i> 5
	CORAL GABLES FL 33134	_	
Effective date.	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 9	90 days after the
	te inserted in this block does not meet the applicab effective date on the Department of State's records		ate will not be listed as
Having been no this certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as t Required Signature/Registered Agent	registered agent and agree to act in thi	the place designated in scapacity    30   9   30   1   9   1   1   1   1   1   1   1   1
I submit this do	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fel	re true. I am aware that the false infi	ormation submitted in a
	alluto Elia		)-30/4
Req	uired Signature/Incorporator		Date

## P190000 86929

I ALBERT ELIAS AM THE OWNER OF JAELA CORP, WITH THE DOCUMENT NUMBER OF P02000022619. I HAVE NO INTENTIONS ON REINSTATING THE ENTITY AS A CORPORATION. PLEASE PUSH THROUGH WITH THE NEW FILING AS JAELA CORP, WITH THE TRACKING NUMBER OF \_\_\_\_\_\_

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